

Small PHA Plan Update
Annual Plan for Fiscal Year: 2003

**NOTE: THIS PHA PLANS TEMPLATE (HUD 50075) IS TO BE COMPLETED IN ACCORDANCE WITH
INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES**

**PHA Plan
Agency Identification**

PHA Name: Housing Authority of Tompkinsville

PHA Number: KY-050

PHA Fiscal Year Beginning: (mm/yyyy) 04/2003

PHA Plan Contact Information:

Name: Sue Coffey, Executive Director

Phone: 1-270-487-6050

TDD: 1-800-648-6057 (voice) & 6056 (typed text)

Email (if available): tvillehousing@home.com

Public Access to Information

**Information regarding any activities outlined in this plan can be obtained by contacting:
(select all that apply)**

- ☒ Main administrative office of the PHA
- ☐ PHA development management offices

Display Locations For PHA Plans and Supporting Documents

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- ☒ Main administrative office of the PHA
- ☐ PHA development management offices
- ☐ Main administrative office of the local, county or State government
- ☐ Public library
- ☐ PHA website
- ☐ Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- ☒ Main business office of the PHA
- ☐ PHA development management offices
- ☐ Other (list below)

PHA Programs Administered:

- ☐ Public Housing and Section 8 ☐ Section 8 Only ☒ Public Housing Only

Annual PHA Plan
Fiscal Year 2003
[24 CFR Part 903.7]

i. Table of Contents

Provide a table of contents for the Plan, including attachments, and a list of supporting documents available for public inspection. For Attachments, indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the file name in parentheses in the space to the right of the title.

Contents	<u>Page #</u>
Annual Plan	
i. Executive Summary (optional)	4
ii. Annual Plan Information	
iii. Table of Contents	
1. Description of Policy and Program Changes for the Upcoming Fiscal Year	4
2. Capital Improvement Needs	4
3. Demolition and Disposition	4-5
4. Homeownership: Voucher Homeownership Program	5
5. Crime and Safety: PHDEP Plan	6
6. Other Information:	
A. Resident Advisory Board Consultation Process	6
B. Statement of Consistency with Consolidated Plan	6-7
C. Criteria for Substantial Deviations and Significant Amendments	7-8
Attachments	
<input checked="" type="checkbox"/> Attachment A : Supporting Documents Available for Review	
<input checked="" type="checkbox"/> Attachment <u>B</u> : Capital Fund Program Annual Statement	
<input checked="" type="checkbox"/> Attachment <u>C</u> : Capital Fund Program 5 Year Action Plan	
<input type="checkbox"/> Attachment <u> </u> : Capital Fund Program Replacement Housing Factor Annual Statement	
<input type="checkbox"/> Attachment <u> </u> : Public Housing Drug Elimination Program (PHDEP) Plan	
<input checked="" type="checkbox"/> Attachment <u>D</u> : Resident Membership on PHA Board or Governing Body	
<input checked="" type="checkbox"/> Attachment <u>E</u> : Membership of Resident Advisory Board or Boards	
<input type="checkbox"/> Attachment <u> </u> : Comments of Resident Advisory Board or Boards & Explanation of PHA Response (must be attached if not included in PHA Plan text)	
<input checked="" type="checkbox"/> Other (List below, providing each attachment name)	
Required Attachment F. Deconcentration Policy Information	
Required Attachment G. Capital Funds Program Performance & Evaluation (P&E) Reports	
Required Attachment H. Report on the Progress in Meeting the Five-Year Mission/Goals	

ii. Executive Summary

[24 CFR Part 903.7 9 (r)]

At PHA option, provide a brief overview of the information in the Annual Plan

Other than a few changes to the Admission & Continued Occupancy Policies/Procedures (ACOPP) and related documents, no other major changes are being made during the fourth (4th) Agency Plans year. Changes include deletion of the definition and application of “Ceiling Rents” (although we have retained Flat Rents, which carried the same definition/application in our existing ACOPP), update to the “Resident Charges” listing by adding new items and increasing the price of certain repair service items, and finally in two or three places in ACOPP we have changed the Code of Federal Regulation (CFR) references from 913. to 5.609 or 5.628.

1. Summary of Policy or Program Changes for the Upcoming Year

In this section, briefly describe changes in policies or programs discussed in last year’s PHA Plan that are not covered in other sections of this Update.

The only non-Capital (Improvement) Funds Program change between the 2nd and the 3rd (current) year Agency Plan was to add a deduction (to Income-Base Rents) for court ordered child support. (This deduction has been continued into the 4th Agency Plans year.)

2. Capital Improvement Needs

[24 CFR Part 903.7 9 (g)]

Exemptions: Section 8 only PHAs are not required to complete this component.

A. ☒ Yes ☐ No: Is the PHA eligible to participate in the CFP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA’s estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$63,800, the approximate amount of the FFY2002 actual CFP.

C. ☒ Yes ☐ No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the rest of Component 7. If no, skip to next component.

D. Capital Fund Program Grant Submissions

(1) Capital Fund Program 5-Year Action Plan

The Capital Fund Program 5-Year Action Plan is provided as Attachment C

(2) Capital Fund Program Annual Statement

The Capital Fund Program Annual Statement is provided as Attachment B

3. Demolition and Disposition

[24 CFR Part 903.7 9 (h)]

Applicability: Section 8 only PHAs are not required to complete this section.

1. ☐ Yes ☒ No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If “No”, skip to next component ; if “yes”, complete one activity description for each development.)

2. Activity Description

Demolition/Disposition Activity Description

(Not including Activities Associated with HOPE VI or Conversion Activities)	
1a. Development name:	
1b. Development (project) number:	
2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>	
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>	
4. Date application approved, submitted, or planned for submission: <u>(DD/MM/YY)</u>	
5. Number of units affected:	
6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development	
7. Relocation resources (select all that apply) <input type="checkbox"/> Section 8 for units <input type="checkbox"/> Public housing for units <input type="checkbox"/> Preference for admission to other public housing or section 8 <input type="checkbox"/> Other housing for units (describe below)	
8. Timeline for activity: a. Actual or projected start date of activity: b. Actual or projected start date of relocation activities: c. Projected end date of activity:	

4. Voucher Homeownership Program

[24 CFR Part 903.7 9 (k)]

- A. ☐ Yes ☒ No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982 ? (If “No”, skip to next component; if “yes”, describe each program using the table below (copy and complete questions for each program identified.)

B. Capacity of the PHA to Administer a Section 8 Homeownership Program

The PHA has demonstrated its capacity to administer the program by (select all that apply):

- ☐ Establishing a minimum homeowner downpayment requirement of at least 3 percent and requiring that at least 1 percent of the downpayment comes from the family’s resources
- ☐ Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards
- ☐ Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

5. Safety and Crime Prevention: PHDEP Plan *PHDEP cancelled by Congress CY2001, thus this part is Not Applicable*

[24 CFR Part 903.7 (m)]

Exemptions Section 8 Only PHAs may skip to the next component PHAs eligible for PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

- A. ☐ Yes ☐ No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
- B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year? \$
- C. ☐ Yes ☐ No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.
- D. ☐ Yes ☐ No: The PHDEP Plan is attached at Attachment ____

6. Other Information

[24 CFR Part 903.7 9 (r)]

A. Resident Advisory Board (RAB) Recommendations and PHA Response

1. ☒ Yes ☐ No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s? *Resident Advisory Board indicated that it was very appreciative of HAT's programs and services including an "attaboy" as to the proposed 4th^d year Agency Plans.*
2. If yes, the comments are Attached at Attachment (File name)
3. In what manner did the PHA address those comments? (select all that apply)
- ☐ The PHA changed portions of the PHA Plan in response to comments
A list of these changes is included
☐ Yes ☐ No: below or
☐ Yes ☐ No: at the end of the RAB Comments in Attachment ____.
- ☐ Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the at the end of the RAB Comments in Attachment ____.
- ☒ Other: (list below) NOT APPLICABLE-No comments (other than "attaboy") received

B. Statement of Consistency with the Consolidated Plan

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: (provide name here)
Commonwealth of Kentucky (State Plan)-Kentucky Housing Corporation.

2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)

- ☐ The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
- ☐ The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
- ☐ The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
- ☐ Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)
- ☒ Other: (list below) The Housing Authority of Tompkinsville, will through its policies and procedures, attempt to attract and retain low income eligible residents while improving the quality of its living environment by making ongoing physical improvements through funding available from its annual Capital Funds Program grant. During the 4th Agency Plans year, the HAT will make site improvements (such as drive and parking area) at the Jackson Street site, and conversion of the old Office/Maintenance unit into a needed efficiency dwelling unit. Additionally, the HAT also continues to offer residents the option of paying the lesser of Flat Rents or Income-Based Rents, with a minimum gross monthly rent contribution of \$50. And it will allow Income-Based Rent deductions for FICA and Health Insurance withheld from wages. And it will continue to allow an Income-Based Rent deduction for court order child support payments.

3. PHA Requests for support from the Consolidated Plan Agency

- ☐ Yes ☒ No: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below) The State Consolidated Plan sets forth the following, with which the HAT's activities are consistent: "Expand the supply of safe, decent, sanitary and affordable housing for very-low and low-income families through ...rehabilitation...."

C. Criteria for Substantial Deviation and Significant Amendments

1. Amendment and Deviation Definitions

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

A. Substantial Deviation from the 5-year Plan:

The Housing Authority (HA) of Tompkinsville has chosen the following as its definition of Substantial Deviation from its Annual Plan:

1.) Redirection of more than 25% of its operating budget funds from any budgeted/scheduled activity to another activity or:

2.) A major change in program direction (e.g., new or different housing selection preference criterion, new or changes to deductions from income-based rents, additional efforts to enhance deconcentration opportunities, changes in the basis of determining Ceiling/Flat rent amounts, etc.) that requires action on the part of the Board of Commissioners; or

3.) Increasing or decreasing the total number of HA employees by more than 50% from that authorized on the April 1st of each fiscal year.

However, NONE of these changes will be considered a Substantial Deviation IF those changes result from Government (i.e., Federal, State, or Local) actions over which the HA exercises no control

B. Significant Amendment or Modification to the Annual Plan:

The HA has chosen to use the HUD definition of Significant Amendment or Modification. Specifically, it will consider the following to be such modifications/amendments:

1.) Changes to rent or admission policies or organization of its waiting list.

2.) Additions of non-emergency work items (not included in the current Annual Statement or 5-Year Action Plan) or change in use of the replacement reserve funds under the Capital Grant Funds Program and

3.) Any change with regard to demolition or disposition, designation of projects/buildings (for the elderly/disabled or families with disabilities), homeownership programs or conversion activities.

However, NONE of these changes will be considered Substantial Amendments/Modifications IF those changes result from Government (i.e., Federal, State, of Local) actions over which the HA exercises no control.

Attachment A

Supporting Documents Available for Review

PHAs are to indicate which documents are available for public review by placing a mark in the “Applicable & On Display” column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions’ initiatives to affirmatively further fair housing that require the PHA’s involvement.	5 Year and Annual Plans
X	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Any policy governing occupancy of Police Officers in Public Housing <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
	Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
X	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
	Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
	Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
X	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
X	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99-52 (HA).	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
X	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
X	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
	PHDEP-related documentation: <ul style="list-style-type: none"> · Baseline law enforcement services for public housing developments assisted under the PHDEP plan; · Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15); · Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities; · Coordination with other law enforcement efforts; · Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and · All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan. 	Annual Plan: Safety and Crime Prevention
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Pet Policy
X	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
X	Other supporting documents: Community Services Requirement Implementation Plan, should it be determined to be needed..	Annual Plan

Required Attachment D : Resident Member on the PHA Governing Board

1. ☒ Yes ☐ No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)
- A. Name of resident member(s) on the governing board: Julie Kirk (resident of the Jackson Street site portion of KY 050).
- B. How was the resident board member selected: (select one)?
☐ Elected
☒ Appointed
- C. The term of appointment is (include the date term expires): 01/2006
2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?
- ☐ the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis
 - ☐ the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.
 - ☐ Other (explain):
- B. Date of next term expiration of a governing board member: 01/2005 Note: Board membership is one member short as of 10-29-02, date of preparation of this report.
- C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position): Mayor Windell Carter.

Required Attachment E: Membership of the Resident Advisory Board or Boards

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

The Resident Advisory Board (Council) is, as of October 28, 2002, made up of: Jo Ann Tooley, Steve Dugard and Maoma Walden (all of whom live at the Greenhills site.).

Julie Kirk (resident of the Jackson Street site) was a member of the Resident Council prior to being appointed by then Mayor Michael McPherson to the HAT's Board of Commissioners. (Her appointment occurred in October 2001.)

Component 3, (6) Deconcentration and Income Mixing Required Attachment F.

- a. ☐ Yes ☒ No: Does the PHA have any general occupancy (family) public housing developments covered by the deconcentration rule? If no, this section is complete. If yes, continue to the next question. (*Under 100 units single project.*)
- b. ☐ Yes ☐ No: Do any of these covered developments have average incomes above or below 85% to 115% of the average incomes of all such developments? If no, this section is complete.

If yes, list these developments as follows: Not Applicable

Deconcentration Policy for Covered Developments			
Development Name:	Number of Units	Explanation (if any) [see step 4 at §903.2(c)(1)(iv)]	Deconcentration policy (if no explanation) [see step 5 at §903.2(c)(1)(v)]

Annual Statement/Performance and Evaluation Report Attachment B. Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Housing Authority of Tompkinsville		Grant Type and Number Capital Fund Program Grant No: KY36P05050103 Replacement Housing Factor Grant No:			Federal FY of Grant: 2003
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$ 3,000.			
8	1440 Site Acquisition				
9	1450 Site Improvement	\$ 40,000.			
10	1460 Dwelling Structures	\$ 20,800.			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	\$. 63,800.			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

Annual Statement/Performance and Evaluation Report Attachment B.
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHA Name: Housing Authority of Tompkinsville		Grant Type and Number Capital Fund Program Grant No: KY36P05050103 Replacement Housing Factor Grant No:				Federal FY of Grant: 2003		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PHA – Wide	Fees & Costs	1430						
KY 50-01	Hire A&E to design/supervise OM Bldg conversion to an Efficiency DU		1	\$ 3,000.				
KY 50-01	Site Improvements	1450						
	Provide new drive (street) and off street parking to Jackson Street site		Various	\$ 40,000.				
KY 50-01	Dwelling Structures	1460						
	Convert former Office/Maint. Unit to an Efficiency Dwelling Unit		1	\$ 20,800.				

Annual Statement/Performance and Evaluation Report Attachment B.
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part III: Implementation Schedule

PHA Name:
Housing Authority of Tompkinsville

Grant Type and Number
Capital Fund Program No: KY36P05050102
Replacement Housing Factor No:

Federal FY of Grant: 2002

[illegible]

Capital Fund Program Five-Year Action Plan Attachment C.
Part I: Summary

PHA Name Housing Authority of Tompkinsville				<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: 2004 PHA FYB: 4-01-04	Work Statement for Year 3 FFY Grant: 2005 PHA FYB: 4-01-05	Work Statement for Year 4 FFY Grant: 2006 PHA FYB: 4-01-06	Work Statement for Year 5 FFY Grant: 2007 PHA FYB: 4-01-07
	Annual Statement				
KY050 HA-Wide		\$63,800	\$63,800.	\$63,800	\$63,800.
CFP Funds Listed for 5-year planning		\$63,800.	\$63,800.	\$63,800.	\$63,800.
Replacement Housing Factor Funds		Not Applicable			

Part II: Supporting Pages—Work Activities

Activities for Year 1	Activities for Year :__2_ FFY Grant: 2004 PHA FYB: 4-1-2004			Activities for Year: 3____ FFY Grant: 2005 PHA FYB: 4-1-2005		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See Annual Statement	KY050-Greenhills & Jackson Street	1. Replace Bath & Kitchen Light Fixtures	\$ 7,600.	KY050-Greenhills & Jackson Street	1. Paint Interiors of all non-turnover DUs	\$ 25,000.
		2. Replace Lavatories			2.Widen Interior Side-walks to 36"	\$ 25,000.
		And Base Cabinets	\$ 24,200.		3. Hire A&E for side-walk widening	\$ 1,900.
		4. Relocate Washer Drains in 4BR units	\$ 2,000.		4. Purchase	
		5. Purchase Multi-Purpose Mini Van	\$ 30,000		a.) 10 HW Heaters	\$ 3,500.
					b) 10 Ranges	\$ 4,000.
					c) 8 Refrigerators	\$ 4,400.
	Total CFP Estimated Cost		\$ 63,800.			\$ 63,800.

Capital Fund Program Five-Year Action Plan Attachment C.
Part II: Supporting Pages—Work Activities

Activities for Year : __4__ FFY Grant: 2006 PHA FYB: 4-1-2006			Activities for Year: __5__ FFY Grant: 2007 PHA FY: 4-1-2007		
Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
KY050, Greenhills & Jackson Street	1. Upgrade Smoke Detectors to meet Code.	\$ 22,000.	KY050-Greenhills & Jackson Street	1. Replace 240 Interior doors	\$ 20,400.
	2. Purchase new copier & computer printers	\$ 4,000.		2. Install latch sets/locks on new Interior Doors	\$ 9,600.
	3. Install Chin Link Fence At Greenhills (behind new OCM building)	\$ 5,000.		3. Replace Louvered Furnace Doors (56)	\$ 5,600.
	4. Upgrade Computer-hard-ware and software	\$ 6,000.		4. Replace hallway, LR, BR and Pantry Light Fixtures	
	5. Replace Maint. Truck	\$ 19,300.		157 light fixtures	\$ 10,200.
	6. 10 Hot Water Heaters	\$ 3,500.		5. Replace 62 Porch Lights	\$ 2,400.
	7. 10 Gas Ranges	\$ 4,000.		6. Replace Porch Rails	\$ 3,000.
				7. Purchase/install Security Surveillance System-Jackson	
				Street Site	\$ 6,000.
				8 Operations	\$ 6,600.
Total CFP Estimated Cost		\$ 63,800.			\$ 63,800.

Annual Statement/Performance and Evaluation Report Attachment G.
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part I: Summary

PHA Name: Housing Authority of Tompkinsville		Grant Type and Number Capital Fund Program Grant No: KY36P05050101 Replacement Housing Factor Grant No:		Federal FY of Grant: 2001	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9-30-02 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable	\$ 7,500.	\$ 4,219.	\$ 4,219.	\$ 4,219.00
12	1470 Nondwelling Structures	\$ 59,629	\$ 62,910.	\$ 62,910.	\$ 61,366.89
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve	.			
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	\$ 67,129.	\$ 67,129	\$ 67,129.	\$ 65,585.89
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

Annual Statement/Performance and Evaluation Report Attachment G.
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

[illegible]

Annual Statement/Performance and Evaluation Report Attachment G.
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part III: Implementation Schedule

[illegible]

Annual Statement/Performance and Evaluation Report Attachment G.
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part I: Summary

PHA Name: Housing Authority of Tompkinsville		Grant Type and Number Capital Fund Program Grant No: KY36P05050102 Replacement Housing Factor Grant No:		Federal FY of Grant: 2002	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:)					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9-30-02 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	\$ 20,000.		None	N/A
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures	\$ 33,803.		\$ 33,803.00	\$ 33,481.24
13	1475 Nondwelling Equipment	\$ 10,000.		\$ 2,393.65	\$ 2,393.65
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	\$ 63,803.		\$ 36,196.65	\$ 35,874.89
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

Annual Statement/Performance and Evaluation Report Attachment G.
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

[illegible]

Annual Statement/Performance and Evaluation Report Attachment G.
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part III: Implementation Schedule

[illegible]

Required Attachment H. Report on the Progress in Meeting the Five-Year Mission/Goals during the 3rd
Agency Plans Year

The HAT has successfully met its mission of providing decent, safe and affordable housing to its low-income eligible clientele. Further, it has provided the best possible housing within its financial means. Our progress in meeting the five-year (and interim) goals is:

1. The HAT successfully raised its score on the HUD REAC Physical Inspections from 72% to 96%, thereby more than reaching its goal of a 5% increase. Additionally, the Calendar Year (CY) 2002 HUD Customer Services and Satisfaction Survey (CSSS) produced scores in all 5 ratable areas, including "Communications" and "Safety" above 75%, thus showing success on this goal/objective.
2. It is our belief that we have improved the quality of assisted housing by the renovations and other improvements by providing new roofs, vinyl siding, new windows, curb and sidewalk improvements and exterior handrails to our residents over the past few years. During the past year a few gas ranges, hot water heaters and refrigerators have been purchased and installed in Dwelling Units. Additionally, a new Office, Maintenance and Community Building, with a small laundry room, has been added. Therefore, HAT believes it has met this goal/objective.
3. During the prior Agency Plans year we provided some additional exterior lighting and the addition of a Police Substation (at Jackson Street) to aid in providing security and improved living environment of our residents. However, we have been unsuccessful, in spite of several attempts, in getting the Police Department to keep its commitment to help us establish a Neighborhood Watch at either site. Residents apparently feel they are safe since our CY2002 CSSS score on the area of "Safety" was 78.1%. Thus, we consider our efforts to be successful in this area.
4. We were successful in "promoting self-sufficiency and asset development" by increasing the number of employed residents by one at each site. Our goal was to increase by one (overall) and the percentage of working families by 2%, both of which we've exceeded. During the third Agency Plans year the number of working families improved from 7 to 8 and the percentage of working families increased from 24.1% to 28.6%. Another "success" in achievement of our goals/objectives.
5. We have met our goal of increasing by one (1) the number of minority families who reside at the Greenhills site. During the second Agency Plans year the number of minorities increased from one to two minority families at the Greenhills. However, during the 3rd year, this family moved out and we have not been able to attract another minority family to it during this period of time.

Overall, we believe our third Agency Plan year has been highly successful.